

SERFF Tracking Number:	FNWW-125826970	State:	Arkansas
Filing Company:	Farmers New World Life Insurance Company	State Tracking Number:	40339
Company Tracking Number:	2008STENDO		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	2008STEndo		
Project Name/Number:	2008STEndo/2008STEndo		

## Filing at a Glance

Company: Farmers New World Life Insurance Company

Product Name: 2008STEndo

SERFF Tr Num: FNWW-125826970

State: ArkansasLH

TOI: L08 Life - Other

SERFF Status: Closed

State Tr Num: 40339

Sub-TOI: L08.000 Life - Other

Co Tr Num: 2008STENDO

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Authors: Christine Andreason,  
Peter Lindstrom

Disposition Date: 10/01/2008

Date Submitted: 09/22/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: 2008STEndo

Status of Filing in Domicile: Pending

Project Number: 2008STEndo

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 10/01/2008

State Status Changed: 10/01/2008

Deemer Date:

Corresponding Filing Tracking Number: 2008STEndo

Filing Description:

NAIC NO.: 0212-63177 State ID#:

Re: Form No.: 2008STEndo

Dear Sir or Madam:

We are copies of the above referenced forms for your approval. All forms are in final format with the exception of subtle

SERFF Tracking Number: FNWW-125826970 State: Arkansas  
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Product Name: 2008STEndo  
Project Name/Number: 2008STEndo/2008STEndo

changes that may occur in font and pagination due to conversion to our mainframe and/or PC based forms systems. This form is an endorsement to our previously approved Modified Premium Level Term Life Insurance policy Form 2005-261 and 2005-271. This form was previously approved in your state on 10/4/2005. The endorsement is used to modify our Premium Payment and Reinstatement sections to allow for Monthly EFT, Credit Card or Debit Card payments. This endorsement will be attached to each contract.

I have also attached a copy of our Specifications page showing the section for Premium Payments shown in brackets. This form was previously approved with the original filing of our contract. The only change to this form is the adding of brackets to show that we provide EFT, Credit card and Debit card payments.

The above forms, or substantially similar versions were filed in Washington, our state of domicile, on September 22, 2008. No part of this filing contains any unusual or possibly controversial items from normal company or industry standards. We plan to introduce these forms in your state once approval has been received.

In addition to the policy forms, this filing packet contains the required certifications and filing fees, if any. Washington, our state of domicile has no filing fee. To the best of our knowledge, these forms comply with the laws of your state and department. Please indicate your approval of these forms. If you have any questions, please call me at 206-275-8131, fax me at 206-236-6526 or email me at peter.lindstrom@farmersinsurance.com.

Sincerely,

Pete Lindstrom  
Contract Specialist

## Company and Contact

### Filing Contact Information

Peter Lindstrom, Contract Specialist peter.lindstrom@farmersinsurance.com  
3003 77th Ave SE (206) 275-8131 [Phone]  
Mercer Island, WA 98040 (206) 236-6526[FAX]

### Filing Company Information

Farmers New World Life Insurance Company CoCode: 63177 State of Domicile: Washington

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3003 77th Avenue S.E.	Group Code: 212	Company Type: Life
Mercer Island, WA 98040	Group Name:	State ID Number:
(206) 275-8131 ext. [Phone]	FEIN Number: 91-0335750	
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<i>SERFF Tracking Number:</i>	<i>FNWW-125826970</i>	<i>State:</i>	<i>Arkansas</i>
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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$20.00
Retaliatory?	No
Fee Explanation:	1 form x \$20.00= \$20.00
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Farmers New World Life Insurance Company	\$20.00	09/22/2008	22649304

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<i>Product Name:</i>	<i>2008STEndo</i>		
<i>Project Name/Number:</i>	<i>2008STEndo/2008STEndo</i>		

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Linda Bird	10/01/2008	10/01/2008

<i>SERFF Tracking Number:</i>	<i>FNWW-125826970</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>2008STEndo/2008STEndo</i>		

## **Disposition**

Disposition Date: 10/01/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	FNWW-125826970	State:	Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	statement of variability		Yes
Supporting Document	policy specifications page		Yes
Form	Endorsement		Yes

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## Form Schedule

Lead Form Number: 2008STEndo

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	2008STEndo	Policy/Cont Endorsement ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		65	2008STEndo- apn40673.pdf



**ENDORSEMENT**  
**PREMIUMS AND REINSTATEMENTS**

**Premium Payments Section**

The Premium Payments section of this policy is deleted in its entirety and replaced with the following:

Other than the first initial premium payment, all subsequent premiums will be payable by [Monthly EFT/Credit or Debit Card].

**Reinstatement Section**

The Reinstatement Section of the policy is amended and revised as follows:

You may reinstate the policy within three years of a lapse in premium payments. To reinstate the policy you must:

1. Provide Evidence of Insurability about the insured which is acceptable to us;
2. pay past due premiums plus interest at the rate of 6 percent per year compounded annually; and
3. complete the appropriate company authorization to pay all future premiums by [Monthly EFT/Credit or Debit Card].

Attached to and made part of this policy, effective as of the effective date of this policy.

**FARMERS NEW WORLD LIFE INSURANCE COMPANY**



C. Paul Patsis  
President



Brian F. Kreger  
Secretary

<i>SERFF Tracking Number:</i>	<i>FNWW-125826970</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Farmers New World Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40339</i>
<i>Company Tracking Number:</i>	<i>2008STENDO</i>		
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## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

### Review Status:

**Satisfied -Name:** Certification/Notice

09/22/2008

**Comments:**

readability Certification is attached

**Attachment:**

2008STEndo Readability Cert.pdf

### Review Status:

**Satisfied -Name:** statement of variability

09/22/2008

**Comments:**

**Attachment:**

Farmers Statement of Variability.pdf

### Review Status:

**Satisfied -Name:** policy specifications page

09/22/2008

**Comments:**

**Attachments:**

SIMPLETERM SPEC.261.pdf

SIMPLETERM SPEC.271.pdf

## CERTIFICATE OF READABILITY

I, the undersigned, certify that the attached form meets the minimum reading ease score on the Flesch Test.

### FORMS:

2008STEndo

Endorsement for Premiums and Reinstatements

64.81

Name: Ryan Larson  
Ryan Larson, VP and Chief Actuary

Title: VP and Chief Actuary

Date: September 22, 2008

FARMERS NEW WORLD LIFE INSURANCE COMPANY  
3003 77<sup>th</sup> Avenue SE, Mercer island, WA 98040-0290

EXPLANATION OF VARIABILITY  
2008STEndo

Brackets on our Endorsement and Policy Specifications page denote that the text within the brackets is variable subject to the following limitations on each of the forms in this filing:

- 2008STEndo.

Premium and Reinstatements section-

- The Premiums Payments and Reinstatement sections have been bracketed to allow the company the option of allowing a monthly EFT.Credit Card or Debit card payment if introduced by the company

Policy Specifications Page- This form was previously filed and approved with the original contract. The only change to the originally approved Policy Specifications page is the adding of brackets to the Premium Payments section.

- Annual Premium Payments, Semiannual, Quarterly, Monthly and Monthly EFT, Credit Card or Debit Card Payments- will vary based upon the option elected by the applicant and if the company allows the ability to allow future EFT, Credit Card or Debit Card payments.

All other bracketed sections of the Policy Specifications page were not shown since they were provided on the original approved contract.

# Farmers New World Life Insurance Company

Policy Specifications

Prepared on: XX/XX/XXXX

INSURED	JOHN DOE	ISSUE AGE	35	SEX	M
POLICY NUMBER	0123456	PRINCIPLE SUM	\$25,000		
ISSUE DATE	AUGUST 30, 2005	EXPIRY DATE	AUGUST 30, 2060		

## PREMIUMS

	[ANNUAL]	[SEMIANNUAL]	[QUARTERLY]	[MONTHLY]	[MONTHLY EFT/Credit or Debit Card]
PREMIUM PAYMENTS	[\$X,XXX.XX]	[\$X,XXX.XX]	[\$X,XXX.XX]	[\$X,XXX.XX]	[\$X,XXX.XX]

PREMIUM CLASS SELECT NON-NICOTINE

[YOU HAVE ELECTED TO PAY MONTHLY EFT/CREDIT OR DEBIT CARD.]

ACCELERATED BENEFIT RIDER FOR TERMINAL ILLNESS PROVIDED AT NO ADDITIONAL PREMIUM.

## BENEFIT

	ANNUAL PREMIUM	PREMIUMS PAYABLE UNTIL
LEVEL TERM TO AGE 90	X,XXX.XX*	AGE 90
ACCIDENTAL DEATH BENEFIT \$XXX,XXX	XXX.XX***	AGE 70
WAIVER OF PREMIUM	XXX.XX**	AGE 60
-----		
TOTAL INITIAL PREMIUM	\$X,XXX.XX	

\* PREMIUMS GUARANTEED FOR THE LIFE OF THE POLICY. THE PREMIUM WILL INCREASE AFTER YEAR {10}. SEE THE APPROPRIATE SCHEDULE OF PREMIUMS.

\*\* PREMIUM INCREASES AS SHOWN IN THE RIDER SCHEDULE OF PREMIUMS, DETERMINED BY THE INSURED'S ATTAINED AGE.

\*\*\* PREMIUM DOES NOT INCREASE

2005-261 NONPARTICIPATING MODIFIED PREMIUM LEVEL TERM LIFE INSURANCE.  
PREMIUMS GUARANTEED FOR THE LIFE OF THE POLICY.  
PREMIUMS PAYABLE TO AGE 90 OR UNTIL PRIOR DEATH. CONVERTIBLE.

# Farmers New World Life Insurance Company

Policy Specifications

Prepared on: XX/XX/XXXX

INSURED	JOHN DOE	ISSUE AGE	35	SEX	M
POLICY NUMBER	0123456	PRINCIPLE SUM	\$25,000		
ISSUE DATE	August 30, 2005	EXPIRY DATE	AUGUST 30, 2060		

## PREMIUMS

	[ANNUAL]	[SEMIANNUAL]	[QUARTERLY]	[MONTHLY]	[MONTHLY EFT/Credit or Debit Card]
PREMIUM PAYMENTS	[\$X,XXX.XX]	[\$X,XXX.XX]	[\$X,XXX.XX]	[\$X,XXX.XX]	[\$X,XXX.XX]

PREMIUM CLASS SELECT NON-NICOTINE

[YOU HAVE ELECTED TO PAY MONTHLY EFT/CREDIT OR DEBIT CARD.]

ACCELERATED BENEFIT RIDER FOR TERMINAL ILLNESS PROVIDED AT NO ADDITIONAL PREMIUM.

## BENEFIT

	ANNUAL PREMIUM	PREMIUMS PAYABLE UNTIL
LEVEL TERM TO AGE 90	X,XXX.XX*	AGE 90
ACCIDENTAL DEATH BENEFIT \$XXX,XXX	XXX.XX***	AGE 70
WAIVER OF PREMIUM	XXX.XX**	AGE 60
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\*\* PREMIUM INCREASES AS SHOWN IN THE RIDER SCHEDULE OF PREMIUMS, DETERMINED BY THE INSURED'S ATTAINED AGE.

\*\*\* PREMIUM DOES NOT INCREASE

2005-271 NONPARTICIPATING MODIFIED PREMIUM LEVEL TERM LIFE INSURANCE.  
PREMIUMS GUARANTEED FOR THE LIFE OF THE POLICY.  
PREMIUMS PAYABLE TO AGE 90 OR UNTIL PRIOR DEATH. CONVERTIBLE.